

Supplemental Provider Review Tool – Respite Service

The waiver includes adult day services, attendant care, case management, homemaker, residential based habilitation, respite care, structured day program, supported employment, behavior management/behavior program and counseling, environmental modifications, healthcare coordination, occupational therapy, personal emergency response system, physical therapy, specialized medical equipment and supplies, speech-language therapy and transportation. These are waiver services options that can be provided and will be services that people are receiving. Not everyone will be receiving the same services, however. Some will receive Physical Therapy or Transportation or Attendant Care, or some other service that reflects their needs.

The **Provider Compliance/Consumer Satisfaction Tool** will be supplemented with the following tool depending on what waiver service the person is currently receiving. A review of the CCB/POC will determine what services the person has. The Reviewer will determine by reviewing the CCB/POC and talking with the Case Manager the exact services the person has. By so doing, the Reviewer will take the appropriate supplemental Provider Review Tool to complete the Review. The following is an example of that supplemental Provider Review Tool for a person who is receiving In-Home

Respite Service:

NURSING FACILITY BASED RESPITE SERVICES WILL **NOT** BE REVIEWED; if the participant chosen for the Review is receiving facility-base respite care then Review should be rescheduled to a time they are back in the community setting. Review of the care plan/CCB and participant satisfaction with services is still relevant.

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<p>Waiver Services: Respite Service Waiver Assurances</p> <p>Recommended Probes</p>		<p style="text-align: center;">Discovery Mechanisms</p> <p>Discovery mechanisms are not meant to be inclusive. They are meant to be suggestions to gather information for the Reviewer. Guidelines are intended to help the Reviewer to make decisions about the presence or absence of the Indicators. The Discovery mechanisms listed here in no way imply they are meant to be directives for completion, or a requirement to be answered in every instance.</p>		
<p>Respite Service: Desired Outcome: <i>Respite services are those services that are provided temporarily or periodically in the absence of the usual caregiver. Services may be in the individual's home, in the private home of the caregiver, in an adult foster care home, or in a Medicaid certified nursing facility.</i></p>		<p>Spending Time With People</p> <p>(Initially during the conversation with the person using the Personal Outcome Measures©, then throughout the Review process.)</p> <p>Examples only: specific situations may change observations.</p>	<p>Conversations With People</p> <p>Selected Examples only: specific situations may change conversations with people.</p>	<p>Review of Documents</p> <p>Examples only: specific situations may change documents needing review.</p>
<p>Needs Home Health Aide under Supervision from a Registered Nurse</p>	<p>RS I.A.1 The Home Health Care provided during respite reflects only what the individual needs. Examples: All services supervised by the RN</p> <p>If documented in the POC/CCB:</p>	<p>Observe for any of the services being provided.</p> <p>Note how the services are being provided; hands on if needed, or verbal reminders.</p>	<p>Ask the person if the services are adequate.</p> <p>Ask the service staff what services are provided.</p>	<p>Review the POC/CCB for evidences of needed services.</p> <p>Review any documentation relative to supervision of</p>

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	<ol style="list-style-type: none"> 1. Does the individual require assistance with bathing? 2. Does the individual require assistance with meal preparation and planning? 3. Does the individual require assistance with specialized feeding? 4. Does the individual require specialized services because of swallowing difficulties? 5. Does the individual require services because of refusal to eat? Or because of not eating enough? 6. Does the individual need services with dressing or undressing? 7. Does the individual need services in caring for his/her hair or oral care? 8. Does the individual need assistance in weight-bearing transfer? 9. Are all services provided under RN supervision? 	<p>In needed, observe a meal to determine if mealtime procedures are followed.</p>	<p>Ask the RN to describe the level of the supervision needed.</p>	<p>services.</p>
<p>Needs Home Health Respite Nursing Services</p>	<p>RS I.B.1 The individual receives services necessary from respite nursing services. Examples:</p> <p>If documented in the POC/CCB:</p> <ol style="list-style-type: none"> 1. Does the individual require infusion therapy? 2. Does the individual require venipuncture? 3. Is an injection required? 4. Does the individual require assistance in taking oral medication? 5. Is a Hoyer lift required for transfer? 6. Is wound care needed for surgical, decubitus, incisions or other reasons? 	<p>Observe the nursing services being provided.</p> <p>Observe the environment for specialized adaptive equipment such as a Hoyer lift.</p> <p>If possible, observe the person using any available adaptive equipment.</p>	<p>Ask the person/regular caregiver what services he/she is receiving.</p> <p>Ask the person/regular caregiver about which staff provides that service.</p> <p>Ask the service staff about what services are provided for the person.</p>	<p>Review the POC/CCB to verify that nursing services is the level of care needed.</p> <p>Check any other notes or communication between staff to determine if services are being implemented relative to the POC/CCB.</p> <p>Check any documentation regarding responses to natural disasters or other emergencies like</p>

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	<p>7. Does the individual need ostomy care?</p> <p>8. Does the individual need tube feedings?</p> <p>9. If medications are to be managed during the time the individual is receiving Respite services are those medication records maintained, current and accurate; are errors recorded and errors reported via DA Incident Report website?</p> <p>10. Does the person's safety/.emergency plan identify what the person will do in the event of fire or severe weather or other natural disaster?</p>		<p>Ask the Case Manager to explain the level of services needed for that person.</p>	<p>fire or severe weather.</p>
<p>Documentation Standards</p>	<p>RS I.C.1 Service staff providing respite services to the individual complete all required documentation to verify the services has been delivered.</p> <p>1. Was the reason for the respite, the location where the service was rendered and the type of service rendered all documented accurately?</p> <p>2. Does the documentation accurately document the complete date and time the staff started and ended the respite service and the number of units of service delivered that day?</p> <p>3. Did the documentation include at least one note from the service staff describing the issues or circumstances concerning that individual?</p> <p>4. Did the service staff document the date and time of the service and their last name and first initial?</p> <p>5. If a professional with a title like RN or LPN was required to provide</p>			<p>Review the documentation for the implemented services.</p> <p>Ensure that the listed requirements are present in the documentation.</p>

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	<p>service, does the documentation reflect the professional's title?</p> <p>6. Are all issues that require intervention by a health care professional documented?</p> <p>7. Are all issues that required Case Management involvement with the individual documented?</p>			
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